


## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/816,935	04/05/2004	Hideya Seki	119350

25944  
 OLIFF & BERRIDGE, PLC  
 P.O. BOX 19928  
 ALEXANDRIA, VA 22320



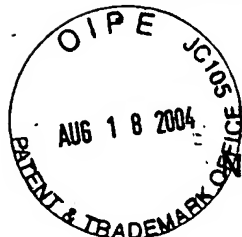
CONFIRMATION NO. 3096

## FORMALITIES LETTER



\*OC000000012990291\*

Date Mailed: 06/18/2004



## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted*Items Required To Avoid Abandonment:

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- The application was filed in a language other than English. Applicant is required to provide an English translation of the specification and a statement that the translation is accurate. (See 37 CFR 1.52(d)).
- Applicant must file an English translation of the application, the \$ 130 fee set forth in 37 CFR 1.17(i), unless previously submitted, and a statement that the translation is accurate (37 CFR 1.52(d)).
- Because your specification was filed in a language other than English, the Office was unable to determine the number of claims submitted. Additional claim fees may be due once the number of claims can be determined.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is **\$260** for a Large Entity

- **\$130** Late oath or declaration Surcharge.
- **\$130** for English translation surcharge required.

Replies should be mailed to: Mail Stop Missing Parts  
 Commissioner for Patents

10/816,935 LAREGAY1 00000010 10816935

01 FC:1051  
 02 FC:1053

130.00 CP  
 130.00 \*\*

P.O. Box 1450  
Alexandria VA 22313-1450

---

*A copy of this notice **MUST** be returned with the reply.*

*Tsegerem*

---

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 1 - ATTORNEY/APPLICANT COPY



**PATENT APPLICATION**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

Hideya SEKI et al.

Attn: **Mail Stop Missing Parts**

Application No.: 10/816,935

Filed: April 5, 2004

Docket No.: 119350

For: PROJECTOR

**RESPONSE TO NOTICE TO FILE MISSING PARTS  
WITH DECLARATION AND TRANSLATION**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Notice to File Missing Parts of Application - Filing Date Granted (copy attached) mailed on June 18, 2004, submitted herewith is the executed Declaration of the inventors and a Power of Attorney. Also submitted herewith is, upon information and belief, an accurate translation of the application. Any specification attached to and referenced in the Declaration is a copy of the specification and any amendments thereto which were filed in the Office in order to obtain a filing date for the application.

☒ A preliminary amendment is also attached.

	(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER TRANSLATION	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADD'L FEE	OR	RATE	ADD'L FEE
TOTAL CLAIMS	*22 MINUS	**22	=	x 9	\$		x 18	\$
INDEP CLAIMS	*7 MINUS	***7	=	x 43	\$		x 86	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ 145	\$	OR	+ 290	\$
					\$			\$

\* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

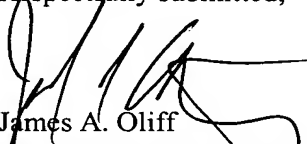
The "Highest Number Previously Paid For" in this space (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

Attached is our Check No. 157496 for ☒\$260.00 ☐\$195.00 (entitlement to small entity status is asserted) for the fee under 37 C.F.R. §1.16(e) and §1.17(i) and any excess claim fees noted above.

Entry of these documents should complete all of the filing formalities and fully satisfy all requirements of the Notice to File Missing Parts. Examination and allowance of this application in due course are respectfully solicited.

The Commissioner is hereby authorized to charge any additional fee (or credit any overpayment) associated with this communication to Deposit Account No. 15-0461. Two duplicate copies of this paper are attached.

Respectfully submitted,



James A. Oliff  
Registration No. 27,075

Joel S. Armstrong  
Registration No. 36,430

JAO:JSA/mxm

Date: August 18, 2004

**OLIFF & BERRIDGE, PLC**  
**P.O. Box 19928**  
**Alexandria, Virginia 22320**  
**Telephone: (703) 836-6400**

<p><b>DEPOSIT ACCOUNT USE AUTHORIZATION</b> Please grant any extension necessary for entry; Charge any fee due to our Deposit Account No. 15-0461</p>
---